

TESTIMONY OF
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EXECUTIVE OFFICE OF THE MAYOR
BEFORE
THE COMMITTEE ON HUMAN SERVICES

THURSDAY, NOVEMBER 15, 2001
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COUNCIL CHAMBERS
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WASHINGTON, D.C.

Testimony of Carolyn Graham
Deputy Mayor for Children, Youth and Families
Executive Office of the Mayor

“INFANT PROTECTION ACT OF 2001”

**PREPARED FOR PRESENTATION BEFORE
THE COMMITTEE ON HUMAN SERVICES
COUNCIL OF THE DISTRICT OF COLUMBIA
PUBLIC HEARING
NOVEMBER 15, 2001**

Good morning Chairwoman Allen and members of the Committee on Human Services. I am Carolyn Graham, Deputy Mayor for Children, Youth and Families for the District of Columbia. I welcome the opportunity to provide testimony on behalf of Mayor Anthony A. Williams in support of the goal of the Infant Protection Act of 2001, which is to protect children at-risk of harm from parental substance abuse. However, we believe that in order for this goal to be fully realized, key provisions in the proposed legislation require refinement. We must keep in mind we are talking about our most precious resources, our children. Children represent our future, present and past. We know in our hearts that children are most likely to flourish in healthy and stable home and community environments. I think

we can all agree that this legislation should be aimed at moving us in that direction.

Joining me today, for this important discussion, are Dr. Olivia Golden, Director of the Child and Family Services Agency and Dr. Ivan Walks, Chief Health Officer and Director of the Department of Health.

As a cluster, we have reviewed this issue both from a local and a national perspective. I would like to take a few moments to share some of our findings with you, and close my remarks in sharing recommendations for strengthening the legislation.

National and Local Data

In a 1990 study, the U.S. General Accounting Office found that the number of women abusing illegal drugs during pregnancy in the United States was estimated to be between 100,000 and 375,000; with the number of infants prenatally exposed to illicit drugs ranging from 13 to 181 per 1,000 births.¹ It is also estimated that substance abuse is involved in 40% or more of the 1.2 million annual confirmed cases of child maltreatment,² and that the

¹ U.S. General Accounting Office [GAO], 1990

² Prevent Child Abuse, 1996

presence of substance abuse illnesses in parents increases the risk of child maltreatment threefold or more.³

In terms of the District of Columbia, it is estimated that there are 7,500 births to District women annually. If we assume an estimated 20 percent of the women abuse illegal substances and/or alcohol during the prenatal period, the population in need of intervention services would number 1,500.⁴

Views of what constitutes an appropriate response to this issue vary.

However, the health of parents or guardians, infants and children is of critical importance, both as a reflection of the current health status of a large segment of the District population and as a predictor of the health of the next generation.

Under the Williams Administration, the District government is driving towards planning, promoting and coordinating a comprehensive system of care for families, parents, children and adolescents, including children with special health care needs. It is our intent to design a system of care that impacts positively on maternal and child health issues such as infant

³ Chaffin, Kelleher, and Hollenberg, 1996; National Center on Addiction and Substance Abuse, 1999

⁴ Estimate obtained from one hospital located in the District of Columbia, November 14, 2001.

mortality, teen pregnancy, metabolic disorders, disabilities as well as access barriers to appropriate health services. We believe that your efforts in the legislation could add significantly to this work.

The goal of this legislation is to usher in a new paradigm for how the District serves the needs of children born exposed to drugs and alcohol. However, this model must be based on partnership and collaboration as substance abuse is frequently accompanied by a host of other difficult problems.

Among the most common are mental illness, domestic violence, economic and housing insecurity, and dangerous neighborhood environments. These factors combine to produce significant challenges for the social and health services delivery systems. As such, the multiple and complex problems faced by parents who abuse alcohol and other drugs requires intervention beyond what traditional social and health service agencies can provide.

The key element of the new model must be the effective treatment and support of families at high-risk for substance abuse and child neglect. As you already know, the Department of Health's Addiction Prevention and Recovery Administration holds responsibility for delivering services related to alcohol, tobacco and other drug addictions. The District's resources are

already stretched in trying to meet the needs of our residents addicted to illicit substances and alcohol. Empirical data indicates that the needs are so great for families that we must augment our current services for those addicted to substances.

The Department of Health's Maternal and Family Health Administration currently houses several programs that seek to reduce infant mortality, ensure that infants are born healthy and attain their optimal development, and pregnant women receive early prenatal care. We have begun to implement a home visitation program that allows for a nurse home visit for all District newborns within forty-eight hours of hospital discharge. Research tells us that this program is effective in providing information for early intervention.

Equally important, CFSA has the mandate to protect the well-being and safety of the District's children and their families. It holds responsibility for immediate response to allegations of child abuse and neglect through investigation, family and community support, case management, and when necessary, legal action.

WORK UNDERWAY TO ADDRESS DRUG TREATMENT ISSUES

CFSA and the Department of Health's Maternal and Family Health Administration drafted a memorandum of agreement to ease collaboration for holistically serving high-risk infants and their parents affected by substance abuse. The MOA calls for coordination of care between CFSA and DOH for infants reported to CFSA by health providers. The intent of the agreement is to reduce the infant and child fatality rate and to facilitate integrated care that included post-natal and well-baby services. The proposed agreement incorporates the recommendations of the District's Child Fatality Review Committee for enhanced monitoring and services for high-risk infants.

The services incorporated in the agreement include the provision of health care services, referral for developmental assessments and services, home visiting, and monitoring of the safety and development of high-risk infants in the home of their parent(s).

Recommendations

Achieving the goal of this legislation will require broad based support and participation from all sectors of our community and branches of the

District's government. The Administration is offering the following recommendations to further the discussion towards reaching the legislation's goal:

- 'Mandatory' removal should not occur. Removal of the affected child or children is not always in the best interest of the families involved.

Rather, we believe that substance abuse is an illness and therefore a public health and welfare issue that necessitates treatment and support services as a first response. Additionally, the cost of mandatory removal is prohibitive in terms of resources needed for investigations and securing placement.

- A fiscal impact study is necessary. District law already requires that investigations be carried out on all reported cases of at-risk children. If this legislation passes, the number of investigations will increase dramatically. Additional intake workers will be needed and increased resources for out-of-home placements will also increase significantly. This legislation will also significantly increase the number of pregnant women and parents with dependent children referred to APRA for outpatient and inpatient substance abuse treatment and MFHA for home visiting and case management services. Clearly,

implementation of legislation of this nature will require additional resources.

- More research is needed. At present there are no universal reporting guidelines. To establish a system of mandatory provider reporting we must more fully understand the legal, personal privacy and health implications of this process.
- Enhanced service coordination is needed. The legislation is silent on the urgent need for expanded coordination between Temporary Assistance to Needy Families (TANF) program, and the District's child welfare and health care systems.

Conclusion

I again commend the efforts of the Committee who worked conscientiously in developing this proposal. I believe we can move forward with the recommendations above. I also would be pleased to share technical comments on the legislation at your convenience and welcome the opportunity to submit to you a proposal reflective of the work currently underway within the human services cluster to protect infants from drug and alcohol addiction at your convenience. Thank you for the opportunity to

testify. Dr. Golden, Dr. Walks and I are happy to respond to any questions you may have. Thank you.